

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
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6						
7		1				
8		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	17	←	↓	↓	←	↓
TOTAL CLAIMS	20					

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100						
TOTAL IND.						
TOTAL DEP.		←	↓	↓	←	↓
TOTAL CLAIMS						